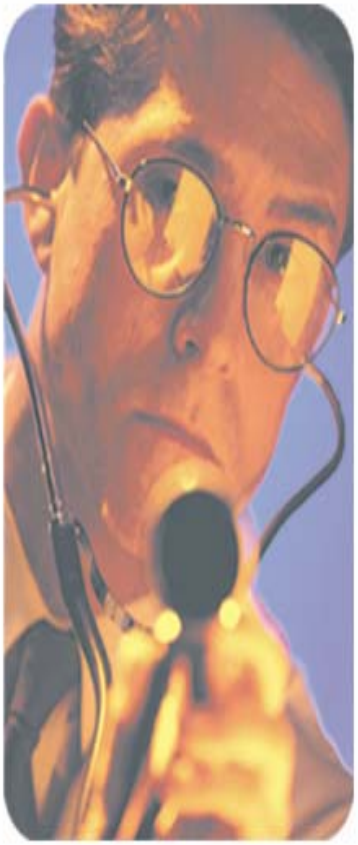
Department of Defense

Primary Care Manager by Name

Business Rules
Version 2.0
Effective Date: 6 August, 2001



MHS Primary Care Manager by Name (PCMBN) Direct Care System Business Rules

Purpose: To provide a core set of enterprise-wide business rules which support the assignment of an individual military treatment facility (MTF) primary care provider to each MTF enrolled TRICARE beneficiary, while allowing for variability in regional and facility assignment processes.

Discussion: The successful implementation and ongoing maintenance of the PCMBN initiative is critically dependent on the hands-on involvement of the MTFs. This core set of enterprise-wide PCMBN business rules supports consistency and standardization for enterprise-wide management of the PCMBN initiative. They allow for regional and local MTF variation that exists due to region-unique contract specifications and both service specific and local MTF mission requirements and business strategies. The business rules will be amended and refined as PCMBN matures and is integrated with other optimization activities.

Local MTFs should integrate their processes for planning, implementation, and sustainment of PCMBN with these business rules in a formal, documented PCMBN business plan that identifies both MTF and regional MCSC roles and responsibilities. The purpose of a MTF business plan is to document and institutionalize the policies, procedures, and processes that support the execution of PCMBN activities. It should be periodically reviewed and updated as an MTF's approach to managing PCMBN matures. Lead agents should integrate MTF business plans with existing MCSC requirements where feasible and appropriate.

Version 2.0 provides updated guidance for advancing PCMBN. This version addresses the process changes and provides additional guidance s necessary to support the evolution of the Defense Enrollment Eligibility Reporting System (DEERS).

1. New Enrollee Support

1.1 **Clinic Site/PCMBN Directories:** MTFs shall maintain a paper-based directory of internal MTF clinic sites that have PCMs available for assignment to MTF enrolled TRICARE beneficiaries. The paper-based directory shall be provided to, or available for review by, beneficiaries on request. The directory may also be published on a patient-accessible web site. Where clinic/PCMBN directory support is provided under current MCSC requirements, policies and procedures shall be established to ensure that appropriate MTF input to this listing is regularly provided. Where support for this function is not governed under current MCSC requirements, MTFs shall ensure that either locally maintained web sites or paper-based directories include PCM clinic listings and information regarding PCM availability. At a minimum, MTFs shall maintain a paper-based directory available for viewing by beneficiaries at the MTF. MTF business plans should identify the frequency for updating information in provider directories, whether maintained under current MCSC requirements or locally by the MTF. Listings shall indicate providers who do not have limitations on their ability to be assigned as PCMs and shall be readily available to beneficiaries who wish to personally select their PCM. If providers with limitations on their ability to be assigned as PCMs are included in this directory, those assignment limitations should be clearly stated.

1.1.1 **Assignment without Limitations:** Family physicians, internists, pediatricians, and general practitioners are appropriate for initial unrestricted, age-appropriate PCM assignment by the health care contractor or the MTF, as appropriate. Specialists may serve as PCMs if they are able to assume full accountability for ensuring that primary care services are available, including all broad preventive services. Other providers, such as advanced practice nurses and physician assistants, may serve as PCMs, when specifically privileged and designated by the MTF commander.

1.1.2 **Assignment with Limitations:** When functioning as PCMs, house staff, advanced practice nurses, physicians assistants, and independent duty corpsmen may 1) be assigned certain types or categories of beneficiaries, 2) be limited to caring for certain subcategories of patients, or 3) be limited by the complexity of a beneficiary's health care needs. Providers not specifically privileged and designated as PCMs by the MTF commander must practice under the supervision of an unrestricted PCM. Assignment to these providers often requires application of local assignment algorithms or other decision support tools and is best managed at the MTF level. Service policy will govern assignment of providers serving in service mission specific roles such as flight, troop, or undersea medicine.

1.1.3 **PCM Listings:** PCM listings shall adhere to Service-specific guidelines and restrictions. Unless precluded by service directives, PCM listings should minimally include name, gender, degree, specialty, board certification, and age restrictions. Strong consideration should also be given to including fluency in a second language in the PCM listings.

1.1.4 **Availability:** Enrolling beneficiaries will have access to information on all PCMs available for assignment. Where MCSC personnel participate in the PCM selection/assignment process, individual MTF policy and procedures shall be specified and maintained by memorandum of understanding (MOU).

2. Enrollment

2.1 **Enter Enrollment Data:** Enrollment data shall be entered into the National Enrollment Database (NED) via the DEERS Online Enrollment System (DOES).

2.2 **Timing:** The process of entering the enrollment information through DOES will be completed in accordance with MCSC contract requirements

2.3 **Preferences:** If the beneficiary enters PCM preferences on the enrollment form, the MCSC-DOES enrollment technician shall enter these preferences in the 80-character free text field on the DOES screen. If no preferences are expressed, the DOES enrollment technician will enter 'none' in the 80-character field.

2.4 **Format:** Since the beneficiary's PCM preference information may exceed the available field width of 80 characters, each lead agent shall establish a standard regional format appropriate to

the needs of their respective region to be able to code or abbreviate a beneficiary's preference within the available field width.

3. PCMBN Assignment

3.1 **Process:** Information on new enrollees may be accessed through automated CHCS reports that have been upgraded to support the information required with the implementation of the NED.

3.2 **Timing:** Assigning entities will review their new enrollees for initial PCM assignment at least every 5 working days. Assignment will occur in accordance with applicable contract requirements and supporting MOUs.

3.3 **PCMBN Preferences:** PCM preferences submitted by the beneficiary during the enrollment process will be reviewed by the assigning entity. Whenever possible but subject to availability, PCM appropriateness, and command directives, the beneficiary's preferences will be considered for PCM assignment.

3.4 **No Preference Assignments:** When the beneficiary does not have a PCM preference and space is available at the MTF that has been requested, the assigning entity will match PCMs and enrollees based on a facility specific assignment strategy. Assignment strategies should be incorporated into local PCMBN business plans and be periodically revised to account for changing PCM capacities and provider transitions.

3.5 **Case Management:** If a beneficiary is assigned to a designated specialist PCM for management of a complex medical condition, they should also be identified within the case management system in use by the MTF for condition and/or disease management. If a beneficiary is assigned to a specialist PCM for management of one of the complex medical conditions identified by TMA for case management, the assigning entity must also refer them for consideration for enrollment in the local/regional case management program. If not already enrolled, these beneficiaries should be provided with assistance to facilitate their enrollment in the Exceptional Family Member Program (EFMP).

3.6 **Enrollee Notification:** Enrollees shall be formally notified when they are assigned a PCM.

3.6.1 **Process:** Notification shall be written and may be in the form of a CHCS generated or locally produced letter. At a minimum, notification information shall include name, date of assignment, and contact phone numbers for the new PCM.

3.6.2 **Responsibility:** The responsibilities for ensuring that notification processes are in place and are complied with rests with the assigning entity.

3.6.3 **Timing:** Notification shall be initiated within 5 working days of the assignment, if not otherwise specified in contract requirements.

4. PCMBN Reassignment

4.1 **Planned Reassignment:** Instances may occur where local MTF assignment rules require initial assignment to a default PCM with subsequent reassignment to PCMs with limitations such as physician extenders, designated specialists, or house staff.

4.1.1 **PCM Preferences:** Local policy does not obviate the need to consider beneficiary choice in PCM assignment.

4.1.2 **Process:** When reassignment is necessary to manage primary care manager (PCM) capacity, the reason for the change must be explained to the beneficiary. MTFs should support individual choice when available and appropriate. All planned PCM reassignments will be initiated at the MTF level with support from, or notification to, the MCSC as required.

4.1.3 **Timing:** Planned reassignments within the same DMIS shall be completed within 5 working days, if not otherwise specified in contract requirements.

4.2 **Medical Necessity:** The assigning entity shall utilize available demographic data and MTF PCM capacity to assign beneficiaries an appropriate PCM. MTFs will develop a process to reassign those beneficiaries who require a different PCM due to medical necessity. Self-reported information gathered from questionnaires such as the HEAR or from intake interviews should also be used to match beneficiary health care needs to PCM capabilities. The MTF is responsible for making medical necessity assignment/reassignment determinations. Reassignment determinations made by the MTFs shall be supported by current MCSC processes, or with notification to the MCSC, if required.

4.2.1 **PCM Preferences:** Reassignment due to medical necessity takes precedence over beneficiary choice; however, the beneficiary should be afforded a choice if more than one PCM is available to meet the beneficiary's medical needs.

4.2.2 **Process:** The reasons for reassignment and the reassignment process shall be explained to each beneficiary who is reassigned due to medical necessity. All medically necessary PCM reassignments will occur under the guidelines established by the MTF as supported by current MCSC processes, or with notification to the MCSC, if required.

4.2.3 **Timing:** Medical necessity reassignments will occur as the need is identified.

4.3 **Patient Preference:** Beneficiaries may request a change of PCM at any time.

4.3.1 **Policy:** Patient-preference PCM changes must be compatible with local PCM assignment policy and the medical needs of the beneficiary. Reasons for PCM change may be solicited to assist managers with future assignment processes but are not required to effect a PCM change. MTFs should develop a management system to track and monitor PCM change requests.

4.3.2 **Process:** Patient-preference PCM changes shall require a PCM change form. PCM change forms shall be readily available to beneficiaries. Staff should be identified to assist beneficiaries with the change process. The PCM change form will be maintained for tracking purposes for a period to be determined by the MTF. All patient-preference

PCM changes that are internal to the DMIS will occur at the MTF level with notification to the MCSC if required. Further written notification to the beneficiary of the PCM change is not required.

4.3.3 **Timing:** Patient-preference PCM reassignments shall be completed within 5 working days, if not otherwise specified in contract requirements.

4.4 **PCM Departure:**

4.4.1 **Policy:** MTFs will establish and document local procedures regarding how and when to reassign beneficiaries when a PCM departs. PCM appointing and access to health care must not be disrupted during the PCM transition process.

4.4.2 **Process:** Options may include batch reassignment to a replacement PCM or individual reassignment to other currently available PCMs. Local policy may permit a departed PCM to remain listed as a member of their old PCM group in order to allow beneficiaries to have access to other group PCMs until they can be reassigned to a replacement PCM. Reassignments due to PCM departure shall be conducted in accordance with MTF defined policies, procedures, and processes with notification to the MCSC if required.

4.4.3 **Timing:** Timing for departing PCM reassignments is dependent on local MTF policy. MTFs should define time parameters within which departing PCMs should not receive new beneficiary assignments.

4.5 **Enrollee Notification:** Beneficiaries shall be formally notified when they are reassigned to a new PCM in accordance with sections 4.1, 4.2, and 4.4. The provisions of section 3.6 apply.